Case 24-60265 Doc 13 Filed 04/02/24 Entered 04/02/24 22:18:47 Desc Main Document Page 1 of 15 Fill in this information to identify your case Debtor 1 **Neal J Rose** Middle Name First Name Last Name Debtor 2 **Deborah A Rose** Middle Name First Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: **WESTERN DISTRICT OF VIRGINIA** Check if this is an amended plan, and list below the sections of the plan that Case number: 24-60265 have been changed. (If known) Official Form 113 **Chapter 13 Plan** 12/17 Part 1: Notices To Debtor(s): This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable. In the following notice to creditors, you must check each box that applies **To Creditors:** Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one. If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015. In addition, you may need to file a timely proof of claim in order to be paid under any plan. The following matters may be of particular importance. Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan. 1.1 A limit on the amount of a secured claim, set out in Section 3.2, which may result in **✓** Included Not Included a partial payment or no payment at all to the secured creditor 1.2 Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, Included **✓** Not Included set out in Section 3.4. Nonstandard provisions, set out in Part 8. 1.3 ✓ Included Not Included Part 2: Plan Payments and Length of Plan 2.1 Debtor(s) will make regular payments to the trustee as follows: **\$2,400.00** per **Month** for **60** months Insert additional lines if needed. If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in this plan. 2.2 Regular payments to the trustee will be made from future income in the following manner.

Check all that apply:

Debtor(s) will make payments pursuant to a payroll deduction order.

Debtor(s) will make payments directly to the trustee.

Other (specify method of payment):

2.3 Income tax refunds.

1

Check one.

Debtor(s) will retain any income tax refunds received during the plan term.

Case 24-60265 Doc 13 Filed 04/02/24 Entered 04/02/24 22:18:47 Desc Main Document Page 2 of 15

Debtor		Neal J Rose Deborah A Rose			Case number	24-60265		
		Debtor(s) will supply the trust return and will turn over to the					ithin 14 days of	filing the
		Debtor(s) will treat income re	funds as follows:					
	k one.	payments.						
	✓	None. If "None" is checked, t	-	-	-			
2.5	_	otal amount of estimated payme	ents to the trustee p	orovided for in §§	2.1 and 2.4 is \$ <u>14</u>	14,000.00		
Part 3:		tment of Secured Claims	0.1.0.1.10					
3.1		senance of payments and cure o	f default, if any.					
	Check ✓	None. If "None" is checked, t	the rest of § 3.1 need	l not be completed	l or reproduced.			
3.2	Reque	est for valuation of security, pay	yment of fully secu	red claims, and n	nodification of unc	lersecured c	laims. Check of	ne.
		None. If "None" is checked, a The remainder of this paragr				of this plan	is checked.	
	✓	The debtor(s) request that the claim listed below, the debtor secured claim. For secured claimsted in a proof of claim filed listed claim, the value of the s	(s) state that the valuations of governmental in accordance with	ue of the secured of al units, unless oth the Bankruptcy R	claim should be as sherwise ordered by ules controls over a	set out in the the court, the any contrary	column headed value of a secu	Amount of ired claim
		The portion of any allowed cl of this plan. If the amount of a treated in its entirety as an un- creditor's total claim listed on	a creditor's secured of secured claim under	claim is listed belo Part 5 of this plar	ow as having no va n. Unless otherwise	lue, the credit ordered by the	tor's allowed cl he court, the am	aim will be
		The holder of any claim listed property interest of the debtor			headed Amount of	secured clair	<i>n</i> will retain the	lien on the
		(a) payment of the underlying	debt determined un	der nonbankruptc	y law, or			
		(b) discharge of the underlyin	g debt under 11 U.S	.C. § 1328, at whi	ch time the lien wi	ll terminate a	nd be released l	by the creditor.
Name o		Estimated Collateral amount of creditor's total claim	Value of collateral	Amount of claims senior to creditor's claim	Amount of secured claim	Interest rate	Monthly payment to creditor	Estimated total of monthly payments

Case 24-60265 Doc 13 Filed 04/02/24 Entered 04/02/24 22:18:47 Desc Main Document Page 3 of 15

Case number

24-60265

Debtoi	Deborah A	Rose			Cuse number		,	
Name of creditor	Estimated amount of creditor's total claim	Collateral	Value of collateral	Amount of claims senior to creditor's claim	Amount of secured claim	Interest rate	Monthly payment to creditor	Estimated total of monthly payments
Santander Consumer		2018 Jeep Grand Cherokee 93,000					AP payment of \$235.75 for 9 months and then the regular payments of \$514.77 for 50 months to be paid by the chapter	
Usa Inc	\$27,113.00	miles	\$23,575.00	\$0.00	\$23,575.00	8.25%	Trustee	\$27,860.25

Insert additional claims as needed.

Neal J Rose

Debtor

3.3 Secured claims excluded from 11 U.S.C. § 506.

		ne.

None. If "None" is checked, the rest of § 3.3 need not be completed or reproduced.

The claims listed below were either:

- (1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or
- (2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

These claims will be paid in full under the plan with interest at the rate stated below. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Collateral	Amount of claim	Interest rate	Monthly plan payment	Estimated total payments by trustee
Bedford County Treasurer	2018 Jeep Grand Cherokee 93,000 miles	\$4,245.01	8.25%	payments of \$100.62 for 50 months to begin 9 months from the filing of the case	\$5.004.00
Ford Motor Credit Company LLC	2017 Ford F350 60,000 miles	\$61,770.00	8.25%	Disbursed by: Trustee Debtor(s) AP payment of \$617.70 for 9 months and then the regular payments of \$1,365.11 for 50 months	\$73,814.80
				Disbursed by:	

Case 24-60265 Doc 13 Filed 04/02/24 Entered 04/02/24 22:18:47 Desc Main Document Page 4 of 15

Debtor Neal J Rose Case number 24-60265

Deborah A Rose

Name of Creditor	Collateral	Amount of claim	Interest rate	Monthly plan payment	Estimated total payments by trustee
Town of Bedford	2018 Jeep Grand Cherokee 93,000 miles	\$988.16	8.25%	✓ Trustee ☐ Debtor(s) payments of \$24.24 for 48 months to begin 9 months from the filing of the case Disbursed by: ✓ Trustee ☐ Debtor(s)	

Insert additional claims as needed.

3.4 Lien avoidance.

Check one.

None. *If "None" is checked, the rest of § 3.4 need not be completed or reproduced.*

3.5 Surrender of collateral.

Check one.

✓

None. If "None" is checked, the rest of § 3.5 need not be completed or reproduced.

The debtor(s) elect to surrender to each creditor listed below the collateral that secures the creditor's claim. The debtor(s) request that upon confirmation of this plan the stay under 11 U.S.C. § 362(a) be terminated as to the collateral only and that the stay under § 1301 be terminated in all respects. Any allowed unsecured claim resulting from the disposition of the collateral will be treated in Part 5 below.

N	
Name of Creditor	Collateral
Caterpillar Financial Services Corp	Cat 307.5 Eskavator
CIT Bank	Month to month lease for box trailer which debtors reject.
John Deere Financial dba Deere & Co	John Deere 333z Track Loader
Santander Consumer Usa Inc	2020 Jeep Cherokee 80,000 miles
Summit Management Group, Inc.	Month to month lease for dump trailer which debtors reject.
URW Community FCU	2022 GMC Sierra 42,000 miles
URW Community FCU	2022 GMC Sierra 42,000 miles
URW Community FCU	flat bed trailer
URW Community FCU	2022 GMC Sierra 42,000 miles
URW Community FCU	2022 GMC Sierra 42,000 miles

Insert additional claims as needed.

Part 4: Treatment of Fees and Priority Claims

4.1 General

Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest.

4.2 Trustee's fees

Trustee's fees are governed by statute and may change during the course of the case but are estimated to be $\underline{10.00}$ % of plan payments; and during the plan term, they are estimated to total $\underline{\$14,400.00}$.

4.3 Attorney's fees.

The balance of the fees owed to the attorney for the debtor(s) is estimated to be \$5,766.23.

4.4 Priority claims other than attorney's fees and those treated in § 4.5.

Case 24-60265 Doc 13 Filed 04/02/24 Entered 04/02/24 22:18:47 Desc Main Document Page 5 of 15

Debtor	Neal J Rose Deborah A Ro	se	Case number	24-60265	
		ne" is checked, the rest of § 4.4 need no estimate the total amount of other prior			
1.5	Domestic support obli	gations assigned or owed to a govern	mental unit and paid less than f	full amount.	
	Check one. None. If "None."	ne" is checked, the rest of § 4.5 need no	nt be completed or reproduced.		
Part 5:	Treatment of Nonpri	ority Unsecured Claims			
5.1	Nonpriority unsecure	d claims not separately classified.			
		secured claims that are not separately cyment will be effective. <i>Check all that</i>		more than one option	on is checked, the option
✓		amount of these claims, an estimated pa after disbursements have been made to		this plan.	
5.2	Regardless of the opt Maintenance of paym	btor(s) were liquidated under chapter 7, ions checked above, payments on allow ents and cure of any default on nonput	riority unsecured claims. Check	will be made in at l	
	-	ne" is checked, the rest of § 5.2 need no	-		
5.3	None. If "None.	ified nonpriority unsecured claims. Come" is checked, the rest of § 5.3 need not y unsecured allowed claims listed belo	ot be completed or reproduced.	ill be treated as foll	ows
Name o	f Creditor	Basis for separate classification and treatment	Amount to be paid on the claim	Interest rate (if applicable)	Estimated total amount of payments
Santan Inc	der Consumer Usa	joint debt to be paid by the chapter 13 Trustee	\$27,206.85	0.00%	\$6,756.85
	Community FCU	joint debt to be paid by the chapter 13 Trustee	\$1,628.00	0.00%	\$1,628.00
nsert ad	ditional claims as neede	d.			
Part 6:	Executory Contracts	and Unexpired Leases			
5.1		ets and unexpired leases listed below and leases are rejected. Check one.	are assumed and will be treated	l as specified. All o	ther executory
	Assumed iter below, subjec	ne" is checked, the rest of § 6.1 need no ns. Current installment payments will b t to any contrary court order or rule. Ar payments disbursed by the trustee rather	e disbursed either by the trustee or rearage payments will be disburse		

Case 24-60265 Doc 13 Filed 04/02/24 Entered 04/02/24 22:18:47 Desc Main Document Page 6 of 15

	Neal J Rose Deborah A Rose		Case number	24-60265	5	
Name of Credit	tor Description of leased property or executory contract	Current installment payment	Amount of arrear paid	age to be	Treatment of arrearage (Refer to other plan section if applicable)	Estimated total payments to trustee
Watts Propert Management	Rental lease for December 2023 to December 2024 for 1001 E. Lynchburg Salem Turnpike, Bedford, VA 24523 which debtors assume.	\$1,250.00 Disbursed by: Trustee Debtor(s)		\$0.00	pro-rata	\$0.0
nsert additional	contracts or leases as needed.					
Part 7: Vestin	ng of Property of the Estate					
entry of other: Part 8: Nonst	onfirmation. of discharge. andard Plan Provisions "None" or List Nonstandard Plan	Provisions				
S.1 Check	None. If "None" is checked, the re		ed or reproduced.			
-	cy Rule 3015(c), nonstandard provisi 1 or deviating from it. Nonstandard p		-	-	on not otherwi	se included in
(a). Additiona	an provisions will be effective only in the land of the land of the following the foll		cluded" in § 1.3.			
Unless otherw be paid as add	vise provided herein, the month equate protection beginning pr	nly payment amounts listed it is to the ho	in Parts 3.2 and 3. Iders of allowed s	3 of the the clared clared	his Chapter 1 aims.	3 Plan will
Insurance will	be maintained on all vehicles	securing claims to be paid b	y the Trustee.			
(b). Attorneys	s Fees					
shall be paid I and 6 herein,	es noted in Part 4.3 shall be app by the Trustee prior to the com except adequate protection pay fees shall be paid pro-ratawith	mencement of payments rec /ments, ongoing mortgage p	uired to be made payments or regul	by the Tr	ustee under	Part 3, 4, 5
(c). Date Debt 3.1).	tors to resume regular direct pa	ayments to Creditors that are	e being paid arrea	rages by	the trustee u	nder Part
Creditor		Month Debtor to resume reg	jular direct payme	ents		

#######ATTENTION ALL SECURED CREDITORS LISTED IN PART 3.1 #####:
PLEASE TAKE NOTICE THAT THE DEBTOR INTENDS TO CONTINUE TO MAKE REGULAR PAYMENTS ON YOUR SECURED

Case 24-60265 Doc 13 Filed 04/02/24 Entered 04/02/24 22:18:47 Desc Main Document Page 7 of 15

Debtor	Neal J Rose	Case number	24-60265
	Deborah A Rose		

DEBT. ACCORDINGLY, YOU, THE SECURED CREDITOR REFERENCED ABOVE IN PART 3.1, SHALL SEND MONTHLY MORTGAGE/AUTOMOBILE STATEMENTS CONSISTENT WITH YOUR PREPETITION PRACTICE. SENDING SUCH STATEMENTS SHALL NOT BE CONSIDERED BY THE DEBTORS TO BE A VIOLATION OF THE AUTOMATIC STAY.

******* ATTENTION, CREDITORS LISTED IN PART 3.5.*************

THE PROPERTY SECURED BY YOUR LOAN IS BEING SURRENDERED. A DEFICIENCY CLAIM MUST BE FILED WITHIN 180 DAYS OF CONFIRMATION OR THE ENTRY OF AN ORDER LIFTING THE STAY, WHICHEVER OCCURS FIRST. IF A DEFICIENCY CLAIM HAS NOT BEEN FILED WITHIN THIS TIME PERIOD, YOUR DEFICIENCY CLAIM WILL BE DISALLOWED. IF YOU FILE A DEFICIENCY CLAIM, YOU MUST ALSO PROVIDE PROOF THAT THE PROPERTY SURRENDERED WAS LIQUIDATED IN ACCORDANCE WITH STATE LAW.

Treatment and Payment of Claims.

- All creditors must timely file a proof of claim to receive payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.

*ATTN:STUDENT LOAN PROVIDERS/SERVICERS.Fed Loan Servicing, ECMC, Navient, Department of Education and any other parties holding Government guaranteed student loans, servicers and guarantors (hereafter referred to as "Ed") The Debtor is not seeking nor does this Plan provide for any discharge, in whole or in part of her student loan obligations. The Debtor shall be allowed to seek enrollment, or to maintain any pre-petition enrollment, in any applicable income-driven repayment ("IDR") plan with the U.S. Department of Education William D. Ford Federal Direct Loan Program, including but not limited to the Public Service Loan Forgiveness program, without disqualification due to her bankruptcy, if otherwise eligible under Federal Law. Any direct payments made from the Debtor to Ed since the filing of the petition shall be applied to any IDR plan in which the Debtor was enrolled pre-petition, including but not limited to the Public Service Loan Forgiveness program. Ed shall not be required to allow enrollment in any IDR unless the Debtor otherwise qualifies for such plan. During the pendency of any application by the Debtor to consolidate her student loans, to enroll in an IDR, direct payment of her student loans under an IDR, or during the pendency of any default in payment of the student loans under an IDR, it shall not be a violation of the stay or other State or Federal Laws for Ed to send the Debtor normal monthly statements regarding payments due and other communications including, without limitation, notices of late payments or delinquency. These communications may expressly include telephone calls and e-mails.

Part 9	Signature(s):			
9.1	Signatures of Debtor(s) and Debtor(s)' Attorney			
If the	Debtor(s) do not have an attorney, the Debtor(s) must sign	n below, oth	erwise the Debtor(s) signatures are optional.	The attorney for Debtor(s),
if any,	must sign below.		, , ,	
X	/s/ Neal J Rose	\boldsymbol{X}	/s/ Deborah A Rose	
Ī	Neal J Rose		Deborah A Rose	
:	Signature of Debtor 1		Signature of Debtor 2	
]	Executed on March 19, 2024		Executed on March 19, 2024	

/s/ Stephen E. Dunn

Stephen E. Dunn 26355

Signature of Attorney for Debtor(s)

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Official Form 113, other than any nonstandard provisions included in Part 8.

Date March 19, 2024

Official Form 113 Chapter 13 Plan Page 7

Case 24-60265 Doc 13 Filed 04/02/24 Entered 04/02/24 22:18:47 Desc Main Document Page 8 of 15

Debtor Neal J Rose Case number 24-60265
Deborah A Rose

Exhibit: Total Amount of Estimated Trustee Payments

The following are the estimated payments that the plan requires the trustee to disburse. If there is any difference between the amounts set out below and the actual plan terms, the plan terms control.

	•		
a.	Maintenance and cure payments on secured claims (Part 3, Section 3.1 total)		\$0.00
b.	Modified secured claims (Part 3, Section 3.2 total)		\$25,738.50
c.	Secured claims excluded from 11 U.S.C. § 506 (Part 3, Section 3.3 total)		\$74,449.74
d.	Judicial liens or security interests partially avoided (Part 3, Section 3.4 total)		\$0.00
e.	Fees and priority claims (Part 4 total)		\$20,168.23
f.	Nonpriority unsecured claims (Part 5, Section 5.1, highest stated amount)		\$15,258.68
g.	Maintenance and cure payments on unsecured claims (Part 5, Section 5.2 total)		\$0.00
h.	Separately classified unsecured claims (Part 5, Section 5.3 total)		\$8,384.85
i.	Trustee payments on executory contracts and unexpired leases (Part 6, Section 6.1 total)		\$0.00
j.	Nonstandard payments (Part 8, total)	+	\$0.00
Tot	al of lines a through j		\$144,000.00

Case 24-60265 Doc 13 Filed 04/02/24 Entered 04/02/24 22:18:47 Desc Main Document Page 9 of 15

Fill	in this information	to identify your ca	se:								
Deb	btor 1	Neal J Rose				_					
	btor 2 buse, if filing)	Deborah A R	ose			_					
Uni	ited States Bankru	otcy Court for the:	WESTERN DISTRICT	OF VIRGINIA		_					
Cas	se number 24	-60265					Check if this	is:			
(If kr	nown)						☐ An ame	ndec	filing		
										ig postpetition ollowing date	
0	fficial Form	<u> 1061</u>					MM / DE)/ Y\	ΥΥΥ		
S	chedule I:	Your Inco	ome								12/1
spo atta Par	use. If you are se ch a separate she rt 1: Describ	parated and you eet to this form. (be Employment	are married and not filir r spouse is not filing wi On the top of any addition	th you, do not inclu	de inforr	nati	on about your	spou	use. If mo	ore space is	needed,
1.	Fill in your emp information.	loyment		Debtor 1			Debto	r 2	or non-fi	iling spouse	
	If you have more		Employment status	■ Employed			■ En	plo	yed		
	attach a separate information abou employers.		Occupation	☐ Not employed			□ No	t em	nployed		
	Include part-time self-employed we		Employer's name								
	Occupation may or homemaker, if		Employer's address								
			How long employed th	nere?				_			
Par	rt 2: Give De	etails About Mon	thly Income								
spou	use unless you are	separated.	nte you file this form. If y	· ·						Ţ	J
	ou or your non-filing e space, attach a s		re than one employer, co this form.	mbine the informatio	n for all e	emplo	oyers for that pe	rson	on the li	nes below. If	you need
							For Debtor 1			btor 2 or ing spouse	
2.			y, and commissions (be alculate what the monthly		2.	\$	0.0	0	\$	0.00	_
3.	Estimate and lis	st monthly overti	me pay.		3.	+\$	0.0	0_	+\$	0.00	_
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$	0.00		\$	0.00	

Official Form 106I Schedule I: Your Income page 1

Debtor 1 Debtor 2	Neal J Rose Deborah A Rose	-		Case	e number (if known)	24-	60265		
Co	py line 4 here	4.	-	Fo \$	r Debtor 1		or Debtor on-filing s		
5. Lis	t all payroll deductions:								
		E.	_	c	0.00	æ		0.00	
5a. 5b.	•	5a	a. b.	\$ \$	0.00	\$_ \$		0.00	=
5c.	·	50		\$ -	0.00	\$-		0.00	-
5d.		-	d.	\$	0.00	\$-		0.00	-
5e.	, , ,	-	e.	\$	0.00	\$		0.00	_
5f.	Domestic support obligations	5f	f.	\$	0.00	\$		0.00	-
5g.	Union dues	5	g.	\$	0.00	\$		0.00	-
5h.	Other deductions. Specify:	_ 51	h.+	\$_	0.00	+ \$_		0.00	_
6. Ad	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0.00	\$_		0.00	_
7. Ca	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.00	\$_		0.00	_
8. Lis 8a. 8b. 8c. 8d. 8e. 8f. 8g. 8h.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	888 86 86 86	d. e. f.	\$	6,800.00 0.00 0.00 0.00 0.00 0.00 0.00	\$		0.00 0.00 0.00 0.00 0.00 0.00	-
9. Ad	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$	6,800.00	\$_		0.00	D
10. Ca	Iculate monthly income. Add line 7 + line 9.	10.	\$		6,800.00 + \$		0.00	= \$	6,800.00
Ad	d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_						,
Inc oth Do	the all other regular contributions to the expenses that you list in Schedule lude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	dep				·			0.00
Wr	d the amount in the last column of line 10 to the amount in line 11. The resite that amount on the Summary of Schedules and Statistical Summary of Certain clies							\$	6,800.00
13. Do	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?						Combir monthl	ned y income

Official Form 106l Schedule I: Your Income page 2

Case 24-60265 Doc 13 Filed 04/02/24 Entered 04/02/24 22:18:47 Desc Main Document Page 11 of 15

	in this informa	ition to identify yo	our caca:			Ī		
			our case.					
Deb	tor 1	Neal J Rose				Che □	eck if this is: An amended filing	
	tor 2 buse, if filing)	Deborah A R	lose				A supplement sho	wing postpetition chapter f the following date:
``								
Unit	ed States Bankr	ruptcy Court for the	: WESTE	RN DISTRICT OF VIRGIN	IIA		MM / DD / YYYY	
1	e number 24 nown)	1-60265						
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	 Exper	ises				12/1
Be a	as complete a	and accurate as	possible.	If two married people are ch another sheet to this t				
Par		ribe Your House	hold					
1.	Is this a joir ☐ No. Go to							
		es Debtor 2 live i	in a separa	ate household?				
	■ N	o		al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	btor 2.	
2.	Do you hav	e dependents?	= N.					
۷.	•	•	_		Daman danskia nalasi		Daman dan da	Dana damandant
	Do not list D Debtor 2.	eptor i and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						Yes
								□ No □ Yes
					-		_	. □ res □ No
								☐ Yes
								□ No
3.	Do vour ext	oenses include	_					☐ Yes
0.	expenses o	f people other ti	han _	No Yes				
	yourself and	d your depende	nts? □	165				
exp	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the	value of sucl	h assistance an	non-cash o d have inc	government assistance it	f you know 'our Income		Your exp	nansas
(Off	ficial Form 10	וסו.)					1 Out Exp	75.1.566
4.		or home owners and any rent for the		ses for your residence. In r lot.	nclude first mortgage	e 4.	\$	1,250.00
	If not include	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
	•	rty, homeowner's	-			4b.		35.00
		maintenance, re owner's associat	•	ipkeep expenses		4c. 4d.		0.00
5.				our residence, such as ho	me equity loans	4u. 5.	·	0.00 0.00

Case 24-60265 Doc 13 Filed 04/02/24 Entered 04/02/24 22:18:47 Desc Main Document Page 12 of 15

Debtor 1 Debtor 2 Deborah A Rose			Case nun	nber (if known)	24-60265				
6.	6. Utilities:								
	6a.	Electricity, heat, natural gas	6a.	. \$	300.00				
	6b.	Water, sewer, garbage collection	6b.		35.00				
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	. \$	0.00				
	6d.	Other. Specify: Cell	6d.	. \$	450.00				
		Cable		\$	50.00				
		Internet		\$	130.00				
7.		and housekeeping supplies	7.		700.00				
8.		dcare and children's education costs	8.		0.00				
9.		ning, laundry, and dry cleaning	9.	·	125.00				
		onal care products and services	10.	· -	125.00				
11.		cal and dental expenses	11.	. \$	100.00				
12.		sportation. Include gas, maintenance, bus or train fare.	12.	\$	400.00				
13		ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books	13.	· <u> </u>	100.00				
		itable contributions and religious donations		. \$	0.00				
	Insu	<u> </u>	14.	. Ψ	0.00				
13.		ot include insurance deducted from your pay or included in lines 4 or 20.							
		Life insurance	15a.	. \$	0.00				
	15b.	Health insurance	15b.	. \$	0.00				
	15c.	Vehicle insurance	15c.	. \$	260.00				
		Other insurance. Specify:	15d.	. \$	0.00				
16.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.	 16.	. \$	140.00				
17.		Illment or lease payments:							
	17a.	Car payments for Vehicle 1	17a.	. \$	0.00				
	17b.	Car payments for Vehicle 2	17b.	. \$	0.00				
	17c.	Other. Specify:	17c.		0.00				
	17d.	Other. Specify:	17d.	. \$	0.00				
18.		payments of alimony, maintenance, and support that you did not report as			0.00				
		icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		0.00				
19.		r payments you make to support others who do not live with you.		\$	0.00				
	Spec	•	19.						
20.		er real property expenses not included in lines 4 or 5 of this form or on Sche			0.00				
		Mortgages on other property	20a.		0.00				
		Real estate taxes	20b.	·	0.00				
		Property, homeowner's, or renter's insurance	20c.		0.00				
		Maintenance, repair, and upkeep expenses	20d.		0.00				
٠.		Homeowner's association or condominium dues	20e.		0.00				
21.	Othe	r: Specify: Emergency Funds	21.	+\$	200.00				
22.	Calc	ulate your monthly expenses							
		Add lines 4 through 21.		\$	4.400.00				
		Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$					
		Add line 22a and 22b. The result is your monthly expenses.		\$	4,400.00				
		Add into 22d and 22d. The result to your monthly expenses.			4,400.00				
23.		ulate your monthly net income.							
		Copy line 12 (your combined monthly income) from Schedule I.	23a.	· -	6,800.00				
	23b.	Copy your monthly expenses from line 22c above.	23b.	\$	4,400.00				
	23c.	Subtract your monthly expenses from your monthly income.			2 400 00				
		The result is your monthly net income.	23c.	\$	2,400.00				
24.	For ex modifi	ou expect an increase or decrease in your expenses within the year after you wample, do you expect to finish paying for your car loan within the year or do you expect your ication to the terms of your mortgage?	ou file thi r mortgage	s form? payment to incre	ease or decrease because of a				
	■ No								
	□ Ye	es. Explain here:							

Case 24-60265 Doc 13 ACCEPTANCENOW ATTN: BANKRUPTCY 5501 HEADQUARTERS DRIVE

1601 ELM ST. STE 800 DALLAS, TX 75201-7260

Filed 04/02/24 Entered 04/02/24 22:18:27 Desc Wall Person 1:24-60265

JOHN DEERE FINANCIAL DBA D&

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ALL ECO HOMES, INC LAMA Q MUNDAY 412 SYCAMORE STREET KISSIMMEE. FL 34747

PLANO, TX 75024

CIT BANK PO BOX 7056 PASADENA, CA 91109-9699 KING'S TIRE SERVICE INC. 1202 ORANGE AVE. N.E. ROANOKE, VA 24012

JOHNSTON, IA 50131-6600

ALL ECO HOMES, INC. H. MICHAEL DENEKA, REGISTERED AGENOR TRUIST BANK 2758 ELECTRIC ROAD, SUITE A ROANOKE, VA 24018

CREDIT CONTROL LLC 3300 RIDER TRAIL S, STE 500 EARTH CITY, MO 63045

KLIMA, PETERS & DALY, P.A. FOR FIRST NATIONAL BANK OF O 8028 RITCHIE HIGHWAY, SUITE 3 PASADENA, MD 21122

BAYS TRASH REMOVAL, INC. 2432 HEADENS BRIDGE ROAD BEDFORD, VA 24523

CROWN ASSET MANAGEMENT, LLC KOHLS/CAPITAL ONE ASSIGNEE FIRST NATIONAL BANK OMAHATTN: CREDIT ADMINISTRATOR 3100 BRECKINRIDGE BLVD SUITE 725 PO BOX 3043 DULUTH, GA 30096-7605

MILWAUKEE, WI 53201

BEDFORD COUNTY TREASURER TREASURER, KIM SNOW 122 E. MAIN ST SUITE 101 BEDFORD, VA 24523

FNB OMAHA ATTN: BANKRUPTCY P.O. BOX 3128 OMAHA, NE 68103

LAMA Q MUNDAY C/O HARRY F BOSEN JR LAW OF 306 E MAIN ST **SALEM, VA 24153**

BEDFORD READY MIX 805 RAILROAD AVE BEDFORD, VA 24523

FORD MOTOR CREDIT COMPANY LLC LAWRENCE EQUIPMENT C T CORPORATION SYSTEM, REG AGT PO BOX 335 4701 COX RD STE 285 CLOVERDALE, VA 24077 GLEN ALLEN, VA 23060-6808

BILL NASH 201 PAWNEE TRAIL HARDY, VA 24101

FORD MOTOR CREDIT COMPANY LLC LEVY LAW FIRM CO., LPA ONE AMERICAN RD MD 7440 DEARBORN, MI 48126

FOR FIRST NATIONAL BANK OF O PO BOX 62719 VIRGINIA BEACH, VA 23466

CATERPILLAR FINANCIAL SERVICES CORORWARD FINANCING 2120 WEST END AVE NASHVILLE, TN 37203

DAVID WALTON, PRESIDENT 53 STATE ST. 20TH FLOOR BOSTON, MA 02109

LINCOLN AUTOMOTIVE FIN ATTN: BANKRUTCY PO BOX 54200 **OMAHA, NE 68154**

CFNA/CREDIT FIRST NATL ASSOC ATTN: BANKRUPTCY PO BOX 81315 CLEVELAND, OH 44181

INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101-7346

LINDA MCDONALD 3974 NEW LONDON RD FOREST, VA 24551

CHRYSLER CAPITAL PO BOX 961275 FORT WORTH, TX 76161

JILL HOSTETTER 1111 LANGFORD LN FOREST, VA 24551

LYNCHBURG READY MIX 100 HALSEY RD LYNCHBURG, VA 24501

Case 24-60265 Doc 13 LYNCHBURG/BEDFORD READY MIX 805 RAILROAD AVENUE BEDFORD, VA 24523

Filed 04/02/24 Entered 04/02/24 22:18:47 Neal and Deborah - 24-60265 SUBLETTIES FOR MEMBER ONE? VILLAGE HWY PO BOX 20869 RUSTBURG, VA 24588 ROANOKE, VA 24018

1001 E LYNCHBURG SALEM TURN

BEDFORD, VA 24523

MARLA WALKER 245 MIDDLE VALLEY ROAD HARDY, VA 24101

SUMMIT MANAGEMENT GROUP, INC. ZACHARY ROSE PO BOX 489 MILAN, TN 38358

MEAGAN MALINA 648 PARADISE ACRES DRIVE BOONES MILL, VA 24065

TOWN OF BEDFORD 215 EAST MAIN STREET BEDFORD, VA 24523

MEMBER ONE FCU PO BOX 12288 ROANOKE, VA 24024 TRUIST BANK PRESIDENT, WILLIAM H. ROGERS JR. 214 N TRYON ST CHARLOTTE, NC 28202-1078

MEMBER ONE FEDERAL CREDIT UNIONTRUIST BANK

ATTN: BANKRUPTCY REG AGT CORPORATION SERVICE COMPANY P.O. BOX 14087 100 SHOCKOE SLIP FL 2

ROANOKE, VA 24038 RICHMOND, VA 23219-4100

PIEDMONT FARMERS COOPERATIVE FORMERLY SOUTHERN STATES 968 HALIFAX RD CHATHAM, VA 24531

URW COMM FCU 539 ARNETT BLVD DANVILLE, VA 24540

SANTANDER CONSUMER USA ATTN: BANKRUPTCY PO BOX 961211 FORT WORTH, TX 76161

URW COMMUNITY FCU CEO, CHERYL DOSS 539 ARNETT BLVD DANVILLE, VA 24540

SANTANDER CONSUMER USA INC CEO, BRUCE JACKSON 1601 ELM STREET, STE 800 DALLAS, TX 75201

URW COMMUNITY FCU ATTN: BANKRUPTCY 539 ARNETT BLVD DANVILLE, VA 24540

SANTANDER CONSUMER USA INC REG AGT: CT CORPORATION SYSTEM ATTN: BANKRUPTCY 4701 COX RD, STE 285 GLEN ALLEN, VA 23060-6808

URW COMMUNITY FCU-CO SIGN 539 ARNETT BLVD DANVILLE, VA 24540

STEVE SIMPSON 155 BETTYS CREEK DR MONETA, VA 24121

VIRGINIA DEPARTMENT OF TAXATION PO BOX 2156 RICHMOND, VA 23218

Case 24-60265 Doc 13 Filed 04/02/24 Entered 04/02/24 22:18:47 Desc Main Document Page 15 of 15

UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF VIRGINIA

In re: Neal J Rose Chapter 13
Deborah A Rose

Case No. 24-60265

Debtor(s).

CERTIFICATION OF MAILING AND/OR SERVICE OF CHAPTER 13 PLAN

I certify that a true and correct copy of the chapter 13 plan or the amended chapter 13 plan and amended plan cover sheet, filed electronically with the Court on <u>April 02, 2024</u>, has been mailed by first class mail postage prepaid to all creditors, equity security holders, and other parties in interest, including the United States Trustee, on <u>April 03, 2024</u>.

If the plan contains (i) a request under section 522(f) to avoid a lien or other transfer of property exempt under the Code or (ii) a request to determine the amount of a secured claim, the plan must be served on the affected creditors in the manner provided by Rule 7004 for service of a summons and complaint. I certify that a true and correct copy of the chapter 13 plan has been served on the following parties pursuant to Rule 7004:

<u>Name</u>	Address	Method of Service
Santander Consumer Usa Inc	Santander Consumer Usa Inc	Certified Mail
	CEO, Bruce Jackson	
	1601 Elm Street, Ste 800	
	Dallas TX 75201-0000	

/s/ Stephen E. Dunn Stephen E. Dunn 26355 Counsel for Debtor(s)